

| POSITION                  | INITIALS           | ID NO.     | DATE            |
|---------------------------|--------------------|------------|-----------------|
| FEE DETERMINATION         | <i>OS/ham</i>      |            |                 |
| O.I.P.E. CLASSIFIER       | <i>[Signature]</i> | <i>32</i>  | <i>11/8</i>     |
| FORMALITY REVIEW          | <i>H-T</i>         | <i>913</i> | <i>11/15/01</i> |
| RESPONSE FORMALITY REVIEW |                    |            |                 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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829 11/15